

Detroit Department of Health and Wellness Promotion

CHILDHOOD LEAD POISONING PREVENTION AND CONTROL PROGRAM



CITY OF DETROIT STRATEGIC PLAN TO ELIMINATE CHILDHOOD LEAD POISONING BY 2010

Noble Maseru, PhD, MPH, Director and Health Officer

Mission Statement of the Lead Poisoning Elimination Strategic Partnership

The Mission of the City of Detroit Strategic Lead Elimination Partnership of public and private agencies and organizations and concerned citizens is to eliminate* childhood lead poisoning by 2010.

The Mission will be assured by:

- Creating a centralized coordinating body to assure accountability to the public, and monitoring the implementation and evaluation of the strategic plan
- Increasing lead public awareness, education and outreach through the use of multiple media
- Universal blood lead testing of children less than six years old
- Case management of children with elevated blood lead levels, which includes the provision and coordination of services to reduce blood lead levels below the level of concern (i.e., 10 µg/dL)
- Environmental inspections and code enforcement of identified residential lead hazards
- Addressing residential lead hazards through abatement and remediation activities
- Surveillance activities that monitor children's blood lead levels, sources of exposure, reduction of lead hazards and availability of lead-safe housing
- Implementation of primary prevention activities, which prevent children from being exposed to lead, including actions that reduce residential lead hazards before children are born, before they are mobile and before they move into a home with lead hazards
- Review of state and local legislation to determine their effectiveness in dealing with identified lead hazards and modifications to ensure that children are protected
- Sustaining current sources of funding and identifying new and innovative funding resources
- Promoting the utilization and preservation of the Lead-Safe Housing Registry

*Detroit's definition of elimination: Prevalence rate not to exceed 3.2% for children under the age of six by 2010



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October 27, 2004

Dear Friends:

Today represents the beginning of a combined effort to eliminate a truly preventable disease in the City of Detroit. Over the past 12 months, the Department of Health and Wellness Promotion's Childhood Lead Poisoning Prevention and Control Program has worked diligently to bring together community, local, and state organizations to develop a plan to address the problem of childhood lead poisoning within our city.

According to U.S. census data, 56% of Detroit's homes were built before 1950. Therefore, we are certain that lead-based paint is present with the majority of the city's housing stock. Furthermore, young children living in these homes will continue to be exposed to lead hazards. Timely and effective maintenance must be undertaken to control lead exposures in these older structure.

In September 2003, approximately 75 stakeholder representatives convened at Cobo Conference Exhibition Center to discuss what was needed to protect Detroit's children from the lifelong, harmful effects of lead poisoning. This collaboration has resulted in the development of the draft Strategic Lead Poisoning Elimination Plan.

Today, the Strategic Lead Poisoning Elimination Plan will serve as a guide to move the city toward the goal of eliminating childhood lead poisoning by the year 2010. This plan is also in line with the Kilpatrick Administration's Kid, Cops, Clean initiative.

I encourage you, as concerned, committed citizens, to embrace and implement this Strategic Lead Poisoning Elimination Plan and protect children, our most at-risk residents, from the harmful effects of lead poisoning. The quality of housing in the city will improve and another key component of Detroit's revitalization will be achieved.

Sincerely,

Kwame M. Kilpatrick
Mayor



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Executive Summary

In July 2003, the Detroit Department of Health and Wellness Promotion Childhood Lead Poisoning Prevention and Control Program (DCLPP&CP) enthusiastically embraced the U.S. Centers for Disease Control and Prevention’s (CDC) challenge to coordinate and develop a Strategic Lead Poisoning Elimination Plan for the City of Detroit. The DCLPP&CP along with community-based organizations have been pursuing the control and prevention of childhood lead poisoning since the early 1970s without a strategic plan. As a result, the number one environmental health concern for young children has remained a persistent and silent thief of their optimal health and well-being. Within the last three years (2000-03), the City and its tenacious lead advocates have made positive strides in reducing childhood lead poisoning in Detroit through increased public awareness and lead education; screening initiatives; and case management interim control and lead abatement services. While we are making progress, our work is not yet done. Thus, the Strategic Lead Poisoning Elimination Plan will assure our concerted effort in the right direction toward success.

The DCLPP&CP contracted with the National Center for Healthy Housing of Columbia, Maryland, to provide guidance in developing a comprehensive Strategic Plan. In September 2003, the Lead Poisoning Elimination Task Force convened with approximately 75 public and private stakeholder representatives who were divided into six subcommittees, each of which was charged with providing recommendations for the final Strategic Lead Poisoning Elimination Plan. These subcommittees included Education and Outreach, Universal and Targeted Testing, Primary Prevention, Housing, Legislation / Code Enforcement, and Funding / Resources. Each subcommittee created and compiled recommendations



to develop a strategic work plan with performance measures to assess the effectiveness of the strategies. Their input formed the basis for a first draft of the Strategic Lead Poisoning Elimination Plan, which was prepared and submitted to the CDC on March 19, 2004. In April 2004, the Task Force reconvened to deliberate further on the draft recommendations and the strategic work plan. The comments and feedback from the Task Force members as well as other key stakeholders were incorporated into this final plan document. Key recommendations of each subcommittee are presented below:

- Develop and implement an ongoing citywide educational awareness campaign.
- Provide education on landlords’ legal responsibilities and tenants’ rights.
- Expand primary prevention activities.
- Educate participating property owners and tenants to identify lead hazards and control techniques to prevent lead exposure to children.
- Establish a baseline of lead-safe pre-1978 housing.
- Increase the number of abated homes annually.
- Increase the awareness of lead-safe

- homes in Detroit.
- Increase the number of interim controls completed within 30 days.
 - Revise section 24-10 of the City Ordinance.
 - Improve enforcement of the city code lead ordinance section 24-10 until revisions are made.

The Strategic Lead Elimination Plan for the City of Detroit will address the areas of concern articulated in both the CDC strategic plan preparation guidelines and the Michigan Governor’s A Call to Action. Through identification of local goals and objectives, it will provide a strategic work plan of activities specifically designed for the City’s capacities and requirements. The lead agency for this effort will be the Detroit Department of Health and Wellness Promotion, under the direction of Dr. Noble Maseru and his representatives within the Childhood Lead Poisoning Prevention and Control Program.

It is with great anticipation that this Strategic Lead Poisoning Elimination Plan will be implemented and evaluated for success by the current and new partners in a collective effort to eliminate childhood lead poisoning as a public health concern in the City of Detroit by 2010.

Introduction

In September 2003, the Detroit Department of Health and Wellness Promotion (DHWP) convened a Task Force for the purpose of developing a comprehensive Strategic Plan for the elimination of childhood lead poisoning by 2010. This Task Force was made up of six subcommittees, each of which was charged with providing recommendations for the final Strategic Plan. Those subcommittees included Education and Outreach, Universal and Targeted Testing, Primary Prevention, Housing, Legislation / Code Enforcement, and Funding / Resources.

Over the course of six months, each subcommittee met on a regular basis to discuss, debate, and review its recommendations and to develop a strategic work plan with performance measures to assess the effectiveness of the recommendations on an ongoing basis. This input formed the basis for a first draft of the Strategic Plan, which was prepared and submitted to the U.S. Centers for Disease Control and Prevention (CDC) on March 19, 2004. In April 2004, the Task Force reconvened to deliberate further on the draft recommendations and the



implementation steps contained in this draft Plan. The comments and feedback from the Task Force members as well as other key stakeholders were incorporated into this final Plan document.

The Department of Health and Wellness Promotion contracted with the National Center for Healthy Housing of Columbia, Maryland, to assist in moderating the first and second Task Force meetings and to coordinate the development of the Strategic Lead

Poisoning Elimination Plan. In December 2003, the Center's project team became a subsidiary, Healthy Housing Solutions, Inc. Together the Center and Healthy Housing Solutions worked closely with the DCLPP&CP and the subcommittee chairs on determining the process to be followed, coordinating the Task Force meetings, conducting key stakeholder interviews, and designing a Strategic Lead Poisoning Elimination Plan outline.



Background

Childhood lead poisoning continues to be a major public health concern in the City of Detroit. In 2003, one out of every 15 children or 6.3% (nearly double the state's rate of 3.2%) of our City's children were lead poisoned (MDCH, DCLPP&CP 2003). Detroit has been identified by the Centers for Disease Control and Prevention (CDC) as having the fourth highest estimated number of children with elevated blood lead levels in cities with populations greater than or equal to 100,000 (CDC Program Announcement, Appendix III). Many factors have contributed to this serious health crisis. Detroit's housing stock is old and deteriorating – 56% of Detroit's housing was built before 1950, making it a prime source for lead-

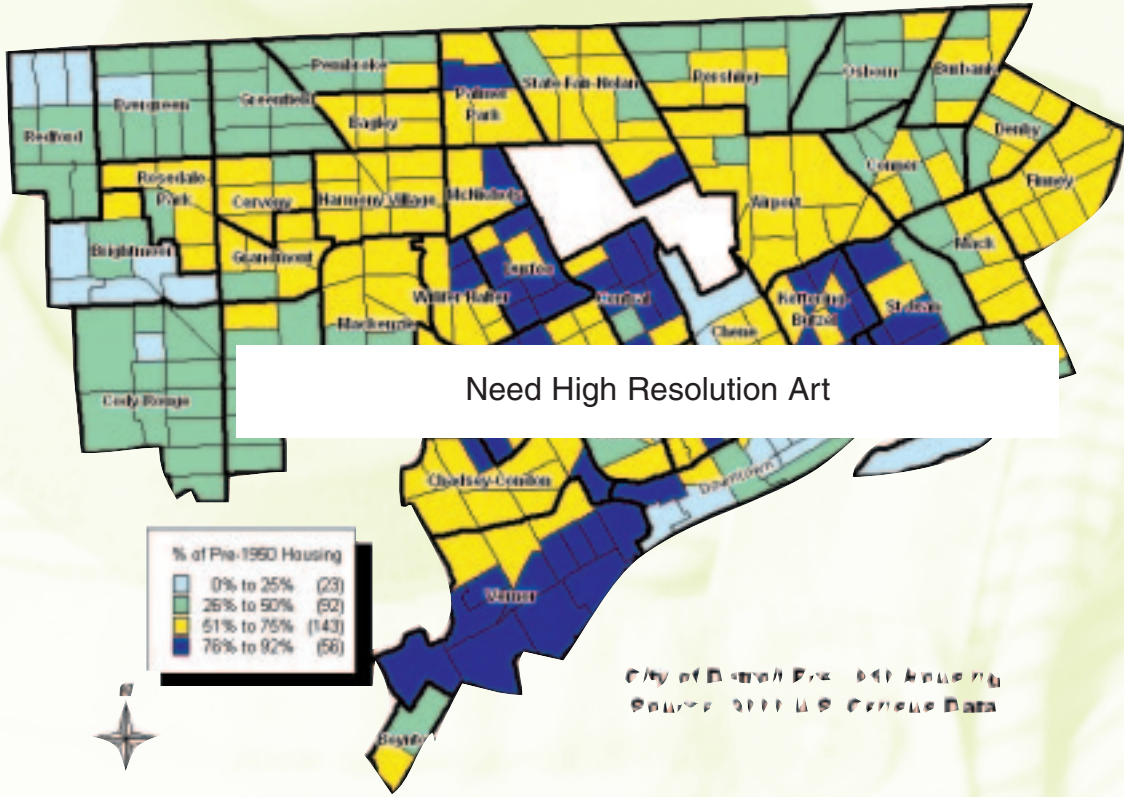
based paint. In addition, 70% of Detroit's 93,365 children under the age of six live in poverty (2000 U.S. Census) (See figure 1). This statistic is twice as high as the national percentage (35%) and nearly two and half times higher than the state percentage (29%). It is well established that poverty is a marker for deteriorating properties, poor nutrition, and other barriers to good health and well-being. As a result of these socio-economic risk factors, the Michigan Department of Community Health (MDCH) considers all children in Detroit at risk for lead poisoning.

Despite the high prevalence of exposure to lead and associated risks, in 2003 only 32,698 of Detroit's 93,365 children under the age of six were tested,



yielding a testing rate of 35% (MDCH, CLPPP, 2003). Of those 32,698 children tested, 2,054 (6.3%) had blood lead levels greater than or equal to 10µg/dL, which is defined by the CDC as being lead poisoned. Children

Figure 1



Need High Resolution Art

City of Detroit
Source: 2000 U.S. Census Data

Background

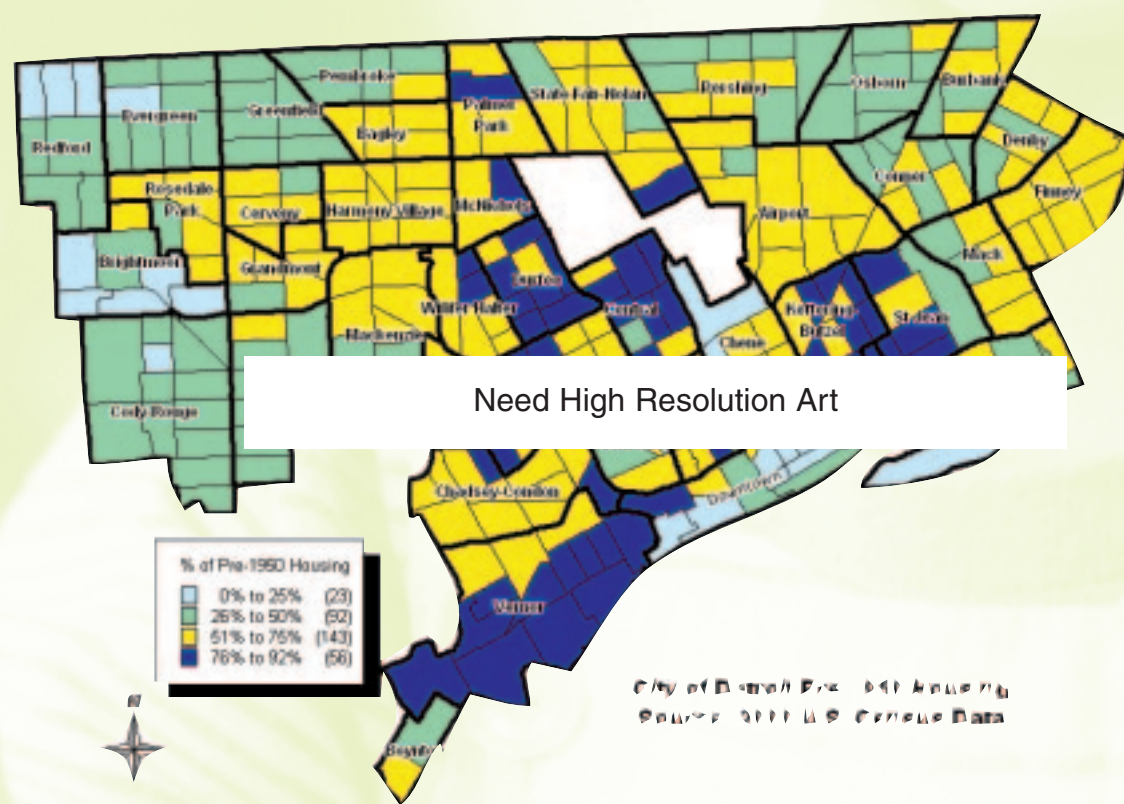
ages 0-3 years are at greatest risk for lead exposure due to their rapidly developing bodies; frequent hand-to-mouth behavior; potentially inadequate nutritional status; and parental lack of knowledge of lead hazard prevention and control. Of Detroit's 30,307 children one and two years of age, 14,604 (48%) were tested in 2003. Of the 14,604 tested, 1,053 (7.2%) had blood lead levels greater than or equal to 10µg/dL, and 1.4% (203) had elevated lead levels greater than or equal to 20µg/dL.

Detroit has made strides in reducing childhood lead poisoning within the last two years as a result of cooperation and partnerships with the Detroit Lead Partnership, Mayor's Lead-Based Paint Task Force, Detroit Housing

Commission, City of Detroit Planning and Development Department, CLEARCorps/Detroit, and Healthy Homes=Healthy Kids. In an attempt to improve environmental service delivery within the City, DCLPP&CP, CLEARCorps/Detroit, and Healthy Homes=Healthy Kids instituted a referral process to increase the number of low-income families receiving interim controls services and to improve the quality of services provided. Partnerships were also formed with the Detroit Housing Commission and City of Detroit Department of Planning and Development in an effort to link low-income residents with abatement resources and services. The three Departments collaborated to create a referral process that would increase the

number of residents applying for abatement services, thereby increasing the enrollment of low-income housing units for treatment via the Department of Housing and Urban Development (HUD) lead hazard control grant program. The Detroit Lead Partnership was formed in November 2000 and its members include representation from State, City and local community groups, lead-related experts and community leaders who provide a wealth of knowledge in all aspects of lead activities. This broad coalition was formed to assist with identifying and eliminating gaps in services. Their mission is to coordinate and monitor the efforts to prevent and eliminate lead poisoning in Detroit.

Figure 2



Methodology And Format

Data sources used in preparation of this report included existing background documents and records, as well as all relevant committee and subcommittee notes. Since the Michigan Governor's A Call to Action is also guiding the lead activities in Detroit, certain portions of that document have been incorporated into the goals and activities of this Strategic Plan. Additionally, there was an extensive review of the local and State laws and regulations pertaining to childhood lead poisoning and housing codes (not lead-specific) as well as surveillance data and reports on current program activities and protocols.

On September 23 and 24, 2003, an extensive day-and-a-half Strategic Planning Task Force meeting and workshop was held, at which approximately 75 public and private stakeholder representatives participated (See Appendix A for Strategic Lead Poisoning Elimination Partners). In advance of this first meeting, project team members from Healthy Housing Solutions, acting as facilitators, prepared a general meeting agenda.



da and sets of questions and issues explicitly designed for consideration by each of the six subcommittees. Subcommittee chairpersons and participants were identified and assigned in advance of the meeting.

This meeting and workshop gave Task Force participants a sense of purpose, empowerment and resolve to tackle the problem of childhood lead poisoning in the City. It also emphasized the need for a holistic approach and solution. At the close of the meeting and workshop, key issues and priorities identified for further investigation, evaluation and resolution included the following needs:

- For communication, collaboration and coordination among the City's key agencies with responsibilities for lead poisoning prevention and lead hazard evaluation and reduction
- For the Mayor's Office to appoint a central coordinator and authority for all City lead programs
- To increase the enforcement of existing City ordinance and code provisions and the possible introduction of amendments to bolster these statutory and administrative provisions
- To more fully engage other key stakeholders in the process, including rental property owners and managers, real estate professionals, rental property tenants, renovation and remodeling contractors, and lead hazard evaluation and control contractors and professionals
- To increase and improve upon lead poisoning prevention educational and outreach



efforts for the key audiences, including the creation of linguistically and culturally appropriate materials

These key issues and priorities formed the basis for much of the ongoing work of the subcommittees. The six subcommittees submitted recommendations and suggested implementation tasks and activities, which were discussed and debated at a second Task Force meeting and workshop held on April 27, 2004.

Following the September 23-24 meeting and workshop, nine individuals who were identified as possessing important critical viewpoints and supplemental sources of information, were interviewed over the course of several weeks. Each of these nine stakeholder representatives was interviewed via telephone by a Healthy Housing Solutions project team member for approximately one hour, with his or her response to a series of questions prepared by Healthy Housing Solutions project team member.

The overall structure of the Strategic Plan includes two major sections: the narrative (strategies and evaluation steps); and a strategic work plan, containing important outcome measures (e.g., goals, objectives, assignments, timelines and due dates, and implementation budget considerations).

Component 1 – Education and Outreach

Overview

Education and outreach are pivotal to eradicating childhood lead poisoning in the City of Detroit and such activities have helped Detroit, make tremendous progress in increasing the public’s awareness of prevention and treatment of lead poisoning. Increasing public awareness was also effective in cultivating community collaborations and ongoing partnerships among governmental, non-governmental and community-based agencies. Ultimately, education and outreach activities have had a significant impact on the reduction of childhood lead poisoning in Detroit from 31% in 1995 to 6.3% in 2003.

The City continued to educate the public about lead hazards and to make a concerted effort to identify at-risk children in need of lead testing. Surveillance data were utilized to plan targeted outreach in the zip code areas where the largest number of lead poisoned children was known to reside. Partnerships were established to combine resources to disseminate lead testing and lead hazard edu-



cational materials to families at various community sites.

A citywide billboard and bus board campaign was launched to further increase public awareness. Two main messages (Lead Hurts Kids and Call Your Doctor Now For Lead Testing) were placed on 25 billboards located in high-risk neighborhoods, and on 10 city bus boards that traveled throughout the City. In addition, a local magazine published articles in its spring and fall issues discussing the impact of lead poisoning and the need to have children tested. Local newspapers have been influential partners in educating the public about childhood lead poisoning through the publication of articles related to the lead problem in Detroit. Other innovative media were also used to increase lead poisoning awareness. The Detroit Lead Partnership (DLP) sponsored an outreach and educational theatrical play entitled, “Jimmy’s Getting Better,” performed April 16-17, 2002. This play depicted the journey of a lead poisoned

child and the multiple challenges families experience coping with the illness and treatment options.

In 2002, the City of Detroit Planning and Development Department formed the Mayor’s Lead-Based Paint Task Force committee to coordinate agencies to address lead-burdened homes through the use of Community Development Block Grant Rehabilitation Programs. The Task Force committee further galvanized public awareness by initiating five town hall meetings that were held in various parts of the City. The town hall meetings addressed topics of concern such as lead awareness, tenant/owner responsibilities, and the importance of lead testing.

The overarching goal of the Education and Outreach subcommittee is to reduce childhood lead exposure by one percent annually (baseline percentage rate – 6.4% MDCH 2003) through education and outreach. The following activities will direct the Task Force toward the achievement of this goal.

Component 1 – Education and Outreach continued



Develop and Implement an Ongoing Citywide Educational Awareness Campaign

The Task Force will develop and implement an ongoing citywide educational awareness campaign to provide consistent, visible, and comprehensive lead education. The campaign will incorporate a variety of media to promote healthy behaviors with regard to lead poisoning prevention to increase the lead testing rate and reduce childhood lead poisoning in Detroit. In an effort to reach larger and more diverse audiences, the Task Force will identify communities or groups that have language and/or cultural barriers, which limit or inhibit their ability to fully understand and act upon lead poisoning prevention recommendations. Therefore, printed materials will be translated into different languages and, in some instances, rewritten to improve the cultural relevance and understanding.

In addition, education and outreach activities will target the professional health care community. The Task Force will develop strategies to educate health care professionals about

lead poisoning prevention and control. This activity will require preparation of materials and educational presentations designed specifically for the needs of medical providers. Additionally, health care students / interns and physicians residents will receive lead poisoning prevention education, particularly for children living in older urban neighborhoods. It is anticipated that activities that raise awareness of these professionals during their training process will improve their level of awareness later in their clinical practices.

Provide Education on Landlords’ Legal Responsibilities and Tenants’ Rights

Currently, one of the larger challenges within the City has been to consistently communicate with owners of rental properties. Therefore, activities to improve communication will include concerted efforts to gain access to landlord audiences in order to educate, instruct, and assist them with their concerns or lack of information about lead hazards. This educational and outreach effort will include information about the legal responsibilities

associated with housing maintenance codes and the federal real estate notification and disclosure requirements, and what financial assistance might be available if repairs are needed. Activities to educate tenants of their rights and responsibilities regarding lead-based paint hazards will be held in both group and one-on-one settings.

In addition, homeowners in high-risk neighborhoods may be eligible for funding to make repairs in their homes but have difficulty with the complex enrollment and application procedures. Therefore, the education and outreach subcommittee will assist in this process of enrollment when needed, in an effort to address lead hazards in distressed housing. These outreach efforts will incorporate the use of language or culture-specific staff and resources to assist with application processes.

Many home improvement contractors working in privately



Component 1 – Education and Outreach continued

owned houses may have lack of knowledge or training in lead-safe work practices. With increasing awareness of lead hazards in residential housing built before 1950, there will be a need for lead-safe work practices training for renovators, remodel industry workers, rehabilitation contractors, and maintenance personnel. The Task Force intends to offer these training sessions for private and public home improvement workers. The intended outcome will be for contractors and maintenance workers to properly contain, control, minimize and clean up leaded dust and debris when working in pre-1978 units.

Evaluation Plan

Through a timely assessment of the current use and effectiveness of materials and methods of outreach, the Task Force will identify and improve future education and outreach efforts. One of the essential needs of the Task Force is to assure the consistency of messages to the general public. All printed material, PowerPoint and public presentations will be reviewed and revised for consistency and currency of information. Specialized materials used to inform and educate medical professionals will be peer-reviewed for quality and accuracy prior to printing and distribution. Requests for materials as well as commentary on the content by recipients will be both measurable outcomes.

It is important to address the need for diversity in educational efforts, including culturally and linguistically appropriate materials that serve different populations at risk. Materials will be developed



as new audiences are identified within the communities at risk. As educational efforts are deployed within specific neighborhoods, additional needs will be identified, which will be addressed through creation of new materials. Staff working with these clients will be educated in diverse cultural practices. The training results will be monitored for their impact and effectiveness in addressing various cultural needs.

It will be a priority for the Task Force to work more closely with owners of rental properties. Through creation of appropriate printed materials, aggressive search for opportunities to make presentations at landlord gatherings, and one-on-one discussions with individual property owners, the Task Force intends to educate

and collaborate with this important target audience. The results of these efforts will be measurable increases in groups and individuals meeting to gather information about the status of lead poisoning in Detroit, to learn how they can participate, and to receive instruction and advice on specific repair needs on individual properties. Further measurable indicators will be an increased rate of compliance with any violation notices issued as well as proactive efforts to implement lead-safe repairs by owners. Outreach to tenants and property owners concerning their individual rights and responsibilities, including the federal requirement for notification and disclosure of known lead-based paint and/or lead-based paint hazards, will be monitored.

Component 2 – Universal and Targeted Testing

Overview

The Universal Testing Policy (UTP) for the City of Detroit was developed by the DCLPP&CP lead advisory committee based on CDC recommendations in the **Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Centers for Disease Control and Prevention (November 1997) and local data**, which revealed every child in Detroit is at risk for lead poisoning. The UTP was approved by the Centers for Disease Control on October 6, 2000 (see Appendix B - Universal Testing Policy), and it was published and unveiled at a press conference held on March 7, 2001 by the then Health Director, James A. Buford. At the end of FY 2001, the Department signed Memorandum of Agreements with six local Health Maintenance Organizations (HMOs) to test their members for lead through the Department’s Women, Infants and Children program.

The UTP is continually promoted and distributed. Ninety-five percent of medical providers listed in the State’s Medical Services Administration database were mailed a copy of the UTP. Establishing and implementing it was an effective strategy for

increasing the percentage of children enrolled in Medicaid and those in the general public tested for lead. The following table depicts the success of the City in testing more children. The number of children tested increased by 37.1% between the periods of 2000-2003

The utilization of surveillance data from the STELLAR database has guided testing initiatives in Detroit. The core of this surveillance system is a child-specific database that allows for multiple lab tests and multiple addresses to be related to a single child so that the child can be followed over multiple years. The jurisdiction-wide childhood blood lead surveillance system addresses the following areas: case management and program monitoring, the ability to determine screening and elevated blood lead level (EBLL) rates among specific high-risk populations (Medicaid enrolled children), the percentage of blood lead results reported to the State Health Department; and poisoning prevention activities.

The overarching goal of the Universal and Targeted Testing subcommittee is *to increase the percentage of children tested by 2.5% annually (baseline 35%-*



2003). The following activities will direct the Task Force toward the achievement of the this goal:

Disseminate the UTP to Medical Providers Serving Children Under Six Years of Age in Detroit

The Task Force will continue to identify medical providers serving children under the age of six and disseminate the UTP. After dissemination of the UTP, a randomized survey will be conducted to assess the knowledge, attitudes, and practices among medical providers concerning childhood lead poisoning and lead testing. This survey will identify possible

Calendar Year	# Tested	Percentage	Prevalence	% change of children tested from the previous year
2000	24,417	22%	10.5%	(1999-2000) – 5.7%
2001	30,886	33%*	10.7%	(2000-2001) +26.5%
2002	32,540	35%*	8.9%	(2001-2002) +5.4%
2003	32,698	35%*	6.4%	(2002-2003)

* = % out of 93,365 children under the age of six based on 2000 Census data (Source: State Calendar Year Data, 1999-2001; 2002; 2003)

Component 2 – Universal and Targeted Testing continued

barriers impeding medical providers' testing compliance to UTP testing recommendations. Education strategies will be tailored to their specific knowledge and testing practices. The UTP will be reviewed for consistency and comprehensibility, and revisions will be made if needed.

Increase Testing Among Health Maintenance Organizations Serving Children Under Six Years of Age in Detroit

It is currently estimated that less than half of all Medicaid children in the City of Detroit are being tested for lead. Thus, the Task Force will continue collaborating with Health Maintenance Organizations (HMOs) to increase testing rates of children enrolled in Medicaid. The process of determining testing rates of Medicaid children will require a direct comparison of the Medicaid database with the STELLAR database. A close analysis of these data will influence planning strategies for increasing low testing rates of the Medicaid enrollee population.

Target Testing for High Risk Populations (Medicaid enrolled children, children 0-3 years, and racial and ethnic groups) in Detroit

Effective screening efforts will apply to both the Medicaid and non-Medicaid populations, and they will be enfolded in our Strategic Plan. Multiple activities are planned to evaluate the potential need for testing sites for uninsured children by using the surveillance data to identify areas known to have low testing rates in high-risk populations. These

populations may be found within groups identified with cultural or language barriers; therefore, obtaining partners with bilingual services will decrease the exclusion of these children being tested. When located, these families will be referred to appropriate testing sites with bilingual staff to educate regarding testing and lead poisoning prevention and control. The bilingual staff will also work with families to link them with residential lead hazard reduction and treatment programs. If testing sites are not readily available and the need is apparent, optional sites will be identified through our partners for use on an as-needed or scheduled basis. Within the scope of this search for sites, collaborations with WIC clinics, pre-schools, Maternal Child Health Programs, immunization clinics, and other programs will be expanded to accommodate more missed opportunities for testing children ages 0-3. In addition to identifying sites, the Tasks Force will identify physicians and testing sites that provide non-traditional service hours.

Evaluation Plan

In order to determine the current use of the UTP, we will review the survey instrument distributed to providers and evaluate the results of the survey. The survey will identify medical providers that may not be testing appropriately and the barriers impeding their appropriate testing. The survey results will be used to provide the basis for education strategies targeting medical providers.

The MDCH screening report on testing rates among HMOs, for



children ages 0-3 will be used to evaluate the success of testing high-risk populations in Detroit. Strategies will be developed to promote an increase in testing for HMOs with low testing rates. Their progress will be monitored and included in a quarterly report. The progress report will be shared with HMOs and those that have successfully encouraged their medical providers to utilize the UTP will be recognized.

Evaluation of activities to increase testing among high-risk populations will begin with a careful search of databases to identify medical providers who serve the Medicaid communities but may not be testing children in accordance with the UTP. Activities planned to increase the blood lead testing will have measurable characteristics for comparative analysis. Earlier data depicting the number of children within various age groups and sections of the City tested by year will be compared with the data in specific target populations after the implementation of these activities.

Component 3 – Primary Prevention

Overview

Historically, the Detroit Childhood Lead Poison Prevention & Control Program (DCLPP&CP) has focused its efforts on secondary prevention activities, which reduce the harmful effects of elevated blood lead levels (EBLLs) after lead poisoning has occurred. These secondary prevention activities include identifying children with EBLLs through the Universal Testing Policy and providing medical and environmental case management services. Fully aware that the secondary intervention model was not stemming the tide of childhood lead poisoning in neighborhoods at-risk, the DCLPP&CP, with supplemental funding from the Centers for Disease Control and Prevention, designed and implemented its first primary prevention project in October 2002. The goal of the project was to reduce lead hazard exposure to pregnant women, newborns and children ages one and two with blood lead levels (BLLs) between 4 µg/dL and 9 µg/dL in identified high-risk homes and neighborhoods. The project focused on pregnant women, as they are at increased risk because lead ingested and inhaled by the mother can cross the placenta and adversely affect the unborn fetus. Toddlers were also targeted due to their normal hand-to-mouth behavior and because lead is most harmful to this population, as it is easily absorbed into their growing bodies and interferes with their developing brain and other organs and systems.

The primary prevention project capitalized on the preexisting



Department of Health and Wellness Promotion (DHWP) Maternal Support Services (MSS) program, which aims to reduce infant morbidity and mortality through myriad services provided by public health nurses, social workers, and nutritionists. Lead poisoning prevention interventions were incorporated into the previously established maternal support services. A teaching-outreach model was employed in conjunction with specialized lead dust cleaning in individual housing units.

Understanding that the abatement of lead hazards is the only permanent solution to Detroit's pervasive lead problem, proactive measures were to

reduce the participants' immediate residential exposure to lead. When lead hazards were identified in the participants' homes through a lead inspection, risk assessment and lead dust sampling, they were referred to the City of Detroit Planning and Development Department for lead abatement services.

Two important things occurred during this primary prevention project, which were above and beyond the intended goal of reducing lead dust levels. One very important development was the demonstration of self-empowerment over a relatively short time period in which the participant was able to see results

Component 4 – Primary Prevention continued

of the ongoing cleaning process. The second development had to do with the discovery that some property owners who were informed of the actions taken in the rental units were pleased, both with the concept and the goal of protecting their tenants. As a result of this project, there is documentation that immediate hazard reductions, conducted through the cleaning of critical surfaces within a home, have demonstrated positive outcomes. Using this method, coupled with focused educational efforts, primary prevention initiatives will be expanded in Detroit.

The overarching goal of the primary prevention subcommittee is *to prevent lead exposure in children residing in Detroit*. The following activities will direct the Task Force toward the achievement of this goal:

Expand Primary Prevention Activities

The expanded primary prevention strategy will be built on the foundations already established by the DCLPP&CP in its 2003 demonstration project. Based upon surveillance data, the project will be expanded into the target areas identified as having families with young children at high risk for lead poisoning. The project staff will locate and bring interventions to the homes of pregnant women and newborns as well as women with children under the age of six. This prioritization of services is based on the intent to teach and demonstrate immediate methods of lead hazard reduction so households can manage lead hazards on a temporary basis until a more permanent intervention can be completed. Using a model very similar to the 2003 demonstra-

tion, the DCLPP&CP will expand its activities and capacities through collaborations with community-based organizations specially trained as partners for these efforts.

Another ongoing effort to provide primary prevention within Detroit is to make High-Efficiency Particulate Air (HEPA) filter vacuum cleaners available on loan, for private use by those seeking to reduce lead-contaminated dust and debris in their housing units. Currently, the DCLPP&CP does not advertise this service very widely, so it intends to expand its HEPA lending program through greater publicity and program outreach efforts.

Educate Participating Property Owners and Tenants to Identify Lead Hazards and Control Techniques to Prevent Lead Exposure to Children

Lead poisoning prevention workshops will be conducted for property owners and tenants wishing to learn about lead-safe work practices and lead hazard reduction techniques. The plan involves scheduled classroom events, open to the public and free of charge. These workshops would be broadly publicized with a focus on areas in the City where lead hazards are most often present. Publicity through multimedia, flyers to homes in the target area, and letters to Section 8 landlords are some of the methods planned for this outreach effort.

Over the past few years, families with a lead-poisoned child had been referred to housing repair programs. Through a collaborative effort, homes with lead-based paint hazards will be referred to abatement agencies and



Weatherization and Energy Saving programs for potential enrollment.

Evaluation Plan

The number of newly enrolled pregnant women and non-lead poisoned children will be monitored on a quarterly basis. Knowledge pre- and post-test results will be analyzed to identify gaps and knowledge gained. The number of participants in the expanded HEPA-Vacuum Loan program will be monitored. Pre, post and final dust wipe samples will be analyzed to determine the presence or reduction of lead dust hazards. The number of home visits conducted, education sessions, workshops, outreach activities, and information packets mailed to property owners will be monitored and compiled.

Component 4 – Housing

Overview

The pervasiveness of deteriorating lead-based paint in the bulk of the housing stock is the major cause of the lead problem in Detroit. The risk of lead exposure is directly related to the age and condition of housing. Deteriorating lead-based paint, which is the most important remaining source of lead exposure for U.S. children, is often found in homes built before 1978. Ninety-seven percent (351,340) of the 367,455 housing units in Detroit that were built prior to 1978 thus, it is likely that a large percentage of Detroit's pre-1978 housing units contain lead-based paint. However, homes built before 1950 pose the greatest risk because they contain high levels of lead-based paint along with associated contamination of soil. More specifically, 56 percent of Detroit's housing stock was built before 1950 and the condition of the housing stock built prior to 1960 is characterized as poor to moderate (Detroit Housing Commission grant application, 2002). Data indicate that many of the homes in which low-income families with young children identified with EBLL reside in poorly maintained rental properties. Of Detroit's 325,078 occupied housing units, roughly 43 percent are renter-occupied (U.S. Census 2000).

The overarching goal of the Housing subcommittee is to create lead safe housing in the City of Detroit. The following activities will direct the Task Force toward the achievement of this goal:



Establish a Baseline of Lead Safe Pre-1978 Housing

A reporting mechanism will be established for gathering data regarding homes that have been abated and cleared. This reporting mechanism will allow the Task Force to track lead safe housing. The concept of knowing the location of lead-safe housing is a logical step in the elimination plan; therefore it is important to ensure that homes continue to remain lead-safe and to manage an updated database.

Increase the Number of Abated Homes Annually

It is important to increase public awareness of available abatement resources in Detroit. This activity will be coordinated with the Education and Outreach subcommittee. One of the noted barriers to accessing abatement services is

the complexity of the application and eligibility requirements. In an effort to improve the availability and awareness of applications for Housing and Urban Development (HUD) Lead Hazard Control Grant funds, the Task Force will assist property owners with the required application process. Since literacy issues are often present in the population at risk, this service is expected to increase the number of applicants attempting to obtain financial assistance for lead-related repairs on both rental and owner-occupied housing. One point of distribution for applications could be the Neighborhood City Halls, particularly those within the targeted sections of the City.

Surveillance data will be used to target neighborhoods with the highest number of lead poisoned children. Armed with these data, Task Force members will conduct

Component 4 – Housing continued

door-to-door campaigns to disseminate literature regarding abatement resources and programs. In an effort to prioritize houses referred for abatement services, surveillance data will be used to identify chronic pre-1978 lead hazardous homes that have been the source of lead poisoning in two or more unrelated children in high-risk neighborhoods. In a further attempt to assure lead-safe housing in Detroit, abatement will be linked to the Weatherization and Energy Saving programs through a referral process. In recognizing the importance of decent housing to good health, the Task Force will refer other housing violations, with the use of digital imaging, to Department of Building Safety and Engineering (BSE) and Community Industrial Hygiene for resolution. Available resources will be identified for relocation of families during the abatement process in an attempt to reduce further lead exposure.

Increase the Awareness of Lead-Safe Homes in Detroit

Establishing and promoting the use of a Housing Registry is one of the long-range goals for a lead-safe Detroit. Lead Elimination Action Plan (LEAP) Detroit is currently creating such a registry, and the prototype is currently on the LEAP Detroit website. Recommendations will also be made to the Detroit City Council Subcommittee on Dangerous Buildings to refer property owners of hazardous houses to abatement agencies. In addition, lead safe work practice information and disclosure requirements will be available. Recommendations will also be made to BSE to monitor rental property that has been previously identified with uncorrected lead hazards to increase awareness within City departments of the identity of unsafe homes.

Increase the Number of Interim Control Completed Within 30 days

The use of surveillance data give



DCLPP&CP the ability to identify lead hazardous housing where lead poisoned children reside. Houses will be prioritized for interim control referrals based on the child's age, blood lead level and the condition of the home.

Evaluation Plan

To monitor our progress of increasing the number of lead-safe housing in Detroit, surveillance data will be utilized to monitor the number of homes that have been successfully abated. The baseline data of lead-safe housing will be compared with newly acquired data after implementation of these activities. We will ensure that homes have received interim control services within 30 days from receipt of the referral by monitoring the outcome of the referral. Housing agencies engaged in interim control / abatement will report activities to the steering committee on a quarterly basis. A comparison of the number of applications distributed with the number completed will be used to monitor the number of completed abatement applications.



Component 5 – Legislation and Code Enforcement

Overview

There is a need to revise the city ordinance Section 24-10 of the City Code and expand legislation to strengthen lead poisoning prevention efforts to achieve the 2010 elimination goal. The existing lead ordinance was enacted in 1964 and amended in 1984. It governs lead hazard in housing with a lead hazard greater than or equal to one milligram per square centimeter, measured by an in-situ analyzer device. The lead ordinance gives DHWP authority to require corrections of lead hazards presenting a danger to a child who inhabits or habitually frequents such a dwelling.^{5.3} However, the Department has encountered barriers that impede efficient implementation. These barriers include a limited number of state certified lead inspectors / risk assessors and incomplete available information regarding ownership and location of property owners necessary to carry the case through code enforcement. In addition, there is no organized rental property organization to facilitate lead hazard prevention and control activities. Another part of the enforcement process needing improvement involves the lack of a consistent, effective administrative hearing process. Over the past several years, this means of improving compliance has not been consistently successful. The majority of cases resulting in an administrative hearing are not attended by the owner. Due to various causes, rental property owners have not been able to immediately correct the multiple violations when identified. This clearly underscores the need for a

^{5.3} Section 24-10 of the City Code.

solid plan of action to bring compliance to violation notices within the time frame specified on the original notification.

The overarching goal of the Legislation and Code Enforcement subcommittee is to enhance legislation regarding the control of environmental lead hazards and the lead code enforcement in the City of Detroit. The following activities will direct the Task Force toward the achievement of the this goal:

Revision of 24-10 City Code Lead Ordinance

There is a need to amend Section 24-10 of the ordinance and identify measures for stricter enforcement. Among these measures is the training of non-compliant owners in the requirements of the ordinance as well as greater monetary penalties for non-compliance. Consistent with this track is the need to schedule more frequent administrative hearings, with the objective being a clear message that the City intends to hold recalcitrant owners accountable. Further changes to Section 24-10 would include more aggressive use of civil citations and fines / penalties to enhance the level of compliance. Another statute for inclusion as an enforcement tool might be Act 316 of P.A. 2003. The language within Section 24-10-6 authorizes a violation notification for deteriorating lead-based paint that can potentially expose a child to lead-based paint hazards. This important aspect of the existing law makes possible the citation of housing with deteriorated exterior painted surfaces, including porches, window sash and siding, as a



fully enforceable measure to at least require paint stabilization and repair. Another important aspect is the apparent affirmative legal duty, in Section 24-10-6, for owners to proactively address lead hazards in their units before a child can be poisoned. Of particular importance is the lack of a requirement that a lead poisoned child be in residence before the Department can require property owners to address lead hazards. Prior to any amendments of this ordinance, the Health Department will consider a proactive, primary prevention agenda and a course of action based on Section 24-10-6 and its essential language. A legal interpretation from the City Attorney's Office on these statutory provisions should also be obtained.

The Task Force will create strategies to increase the owner's understanding of methods to comply with the violation notice. This will include a scope of work that would provide optional methods for lead hazard reduction and elimination. The inclusion of this scope may enhance compliance efforts.

Component 5 – Legislation and Code Enforcement continued



Improve Enforcement of the 24-10 City Code Lead Ordinance Until Revisions are Made

Seeking advice, direction, and active participation from the City Attorney’s Office regarding the most effective and efficient approach to increasing compliance through enforcement measures is necessary. It is well acknowledged that failure to enforce the ordinance encourages owners to disregard violation notifications, which undermines the integrity of the existing law and efforts by the CLPPP. Measurable outcomes will be identified and tracked so that further amendments can be requested as necessary using a database.

Another approach to the problem of lead hazard conditions is to strictly enforce the existing regulation that requires all rental properties in the City to be inspected and registered for occupancy. This regulation has not been consistently enforced and is now mostly used in cases involving multifamily rental properties, leaving a large number of unregistered units in single and duplex buildings. These units are frequently

frame-built houses in distressed neighborhoods with extensive deferred maintenance. The strict enforcement of this registering ordinance is suggested. An additional strategy to increase enforcement would be to encourage the Office of Deeds Registry to require more specific identification information of property owners.

The participation of BSE will be significant in enforcing the registration of rental property. It is suggested that BSE Inspectors be cross-trained to identify lead hazards during property inspections and registration.

The Task Force has proposed the concept of a “Lead Enforcement Quick Action Team” to be created as a special project targeting non-compliant landlords with citations of lead hazards on properties with multiple lead poisoned children. This team would be composed of inspectors from BSE, lead inspectors from DCLPP&CP, and abatement agencies working together to reduce lead-hazardous homes and enforce the requirements of City Code 24-10 to the fullest extent of the law.



It is anticipated that new legislation may be introduced at the State level, and the subcommittee determined a need for the City to support the passage of new bills that might impact enforcement of the State housing registry for pre-1978 rental units. In addition, local support is pledged toward State measures to provide incentives to property owners who proactively and independently conduct lead-hazard reductions in their units. Such incentives might include tax-credits or tax abatements. Local support will be shown for HUD and EPA regulations requiring lead-safe work practices and training for all renovation/home improvement contractors and workers within the industry.

Evaluation Plan

One of the initiatives will be to monitor the progress of the existing City Ordinance Section 24-10. Enforcing this code will allow the DHWP to exercise authority to levy strict civil monetary penalties against non-compliant property owners who fail to act on issued violation notices. Since current

Component 5 – Legislation and Code Enforcement continued

compliance rates are exceptionally low and the administrative hearing process is ineffective, a stronger system is necessary to expedite the process for code compliance. The ordinance should be modified to enhance compliance. Clearly the expectation would be greater compliance with violation notices or assessment of civil fines and penalties through a more efficient court process at an earlier stage of non-compliance. Another measure for behavior change of non-compliant property owners will be mandated training sessions for information on the requirements of and intent of the codes and ordinances affecting the housing stock within the City. Measurable outcomes will indicate the efficiencies of a more stringent follow-up and timely court action.

Once this ordinance is revised, one expectation for improvement is to introduce a scope of work, or optional methods for completing the lead-hazard reduction repairs cited in a risk assessment and/or paint inspection report, as a part of the original violation notice. This will provide the owner with clarification of what is required to reach compliance with the violation notice and may help improve the rates of compliance. Simple, directive scopes of work might also produce a dialogue between inspectors and owners – a process currently lacking and sorely needed. This step will require a sound capacity to develop useful and meaningful scopes of work. The DCLPP&CP will establish consistent language and content for these scopes, and a means for recording difficulties and time



frames noted in the owner’s progress toward compliance. Clear charting of actions and outcomes will become a normal part of each violation case file, and records need consistent review by a staff person specifically assigned to monitor compliance.

Another potential use of Section 24-10-6 of the ordinance is to proactively require DCLPP&CP to conduct visual inspections of exterior painted components of targeted housing within high-risk areas of the City. This particular section of the ordinance appears to create an affirmative legal duty and allows that deteriorated painted surfaces may be considered potential sources of lead exposure for young children. If the City Attorney opines that this interpretation creates an additional enforceable requirement, this will provide increased opportunity to cite hazardous housing even if a

resident child has not been identified as lead poisoned. Implementation of this preemptive method of citing lead-hazardous conditions will require proper public notification that such actions will be taken. The goal will be to improve housing and instill the need for maintenance by owners, with the incentive being avoidance of administrative penalties and the specter of civil litigation. This will provide important links between the environmental and outreach components of the DCLPP&CP. The outcomes to be measured will be increased property maintenance related to lead-based painted surfaces, improved working relationships with property owners, heightened awareness that housing with lead hazards will be subject to enforceable violation notices, and an increase in the level of timely compliance with the violation notices that are issued.

Component 6 – Funding / Resources

Overview

There are a number of funding sources that can be garnered to support the mission of reducing and eliminating childhood lead poisoning in the City of Detroit. Aside from the dollars committed to repair and rehab programs conducted through City housing agencies and nonprofit organizations at the neighborhood level, there are millions of dollars specifically targeted to this lead problem. The DCLPP&CP is directly funded by CDC for education, outreach, and surveillance activities, with many positions supported by these funds. The Michigan Department of Community Health (MDCH) and the City General Funds provide additional sources of revenue. These resources are directed to a variety of support services as necessary components of the lead program.

The Detroit Housing Commission is funded by the U.S. Department of Housing and Urban Development

(HUD) and involved in the abatement of identified lead hazardous homes. The Housing Commission has a long and successful history of abated homes and providing inspections for the Section 8 Housing program. The Planning and Development Department has Community Development Block Grant and HOME funds from the federal government. Their funds are used to support a wide range of affordable housing programs designed to create better housing opportunities for low - and moderate-income residents.

The Detroit Community Partnership to Eliminate Lead Poisoning (DCPELP) collaborative, initiated by City Connect Detroit, is the result of various cross-sector groups coming together with a common objective: to eliminate lead poisoning in Detroit. The DCPELP collaborative created LEAP Detroit to carry out this initiative. The LEAP Detroit project, funded by HUD, will utilize a two-



pronged attack to combat lead poisoning in the City. First, fund-raising activities will generate \$2.1 million in leveraged funds; secondly, the plan consists of lead remediation in 138 housing units in Detroit's 48213 and 48214 Zip Codes and a major, community-based education and outreach campaign. Community Lead Education and Reduction (CLEARCorps) is a local community coalition operated by the Greater Detroit Area Health Council, funded by BASF Corporation, City of Detroit Health



Component 6 – Funding / Resources continued

Department, City of Detroit Neighborhood Opportunity Fund, Empowerment Zone Development Corporation, Michigan Department of Community Health, and Lead Hazard Remediation Program. This program works with families to protect their children from lead poisoning by providing lead education and lead hazard reduction training in the home. Healthy Homes=Healthy Kids is a nonprofit organization bringing together issues of health, housing, and the environment. Low-level interim controls are conducted in homes with children who have elevated blood lead levels.

The overarching goal of the Funding / Resources subcommittee is to secure resources to adequately fund / support lead poisoning prevention, remediation, and treatment interventions. The following activities will direct the Task Force toward the achievement of this goal:



The DHWP has a network of partners throughout the region. Current funding will be maintained, and additional sources of funding will be identified through establishing and strengthening partnerships with private and corporate entities, foundations, and the local media. It is our hope that

partnering foundations and private corporations will make lead prevention a focal part of their community development activities. The DCLPP&CP will continue to bill for Medicaid reimbursable services to acquire additional funds to support lead services. As the City demonstrates measurable impacts through outcomes of their lead poisoning prevention activities and projects, there will be renewed efforts to garner additional federal awards for education and outreach, and lead hazard reduction activities in the targeted housing stock.

Evaluation Plan

New partnerships and donations will be monitored on a quarterly basis. Any new sources of funding sought shall be fully documented with outcomes. If awarded support, a full report and accounting is normally required as a condition of the contract/award, but if not required shall be included and reported on fully for internal evaluation processes.



Strategic Work Plan

The activities and evaluation strategies in each of the six components have been incorporated into a strategic work plan, which is included in the following pages. This work plan includes objectives, tasks/activities, responsible parties, time frames, cost/budget, outcome measures, and evaluation measures.



Strategic Lead Poisoning Elimination Work Plan

COMPONENT 1: EDUCATION & OUTREACH

Goal 1: Reduce childhood lead poisoning cases (confirmed > 10 µg/dL) by 1% annually (baseline: percentage rate 6.4% MDCH/CLPPP 2003) through education and outreach initiatives.

Objective 1: Develop and implement an ongoing citywide educational awareness campaign to assure that parents, professionals, and the general public are aware of the dangers of lead exposure by 2005.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify target audiences for outreach and education including parents of children under the age of six years of age, landlords, homeowners, physicians, schools, preschools, child care providers, churches, community centers, foundations and corporations, HMOs, and specific ethnic groups (African American, Hispanic, Arab).	DCLPP&CP, DLP, LEAP Detroit, DWEJ, 4Cs, HMOs, MDCH/CLPPP, WSU/COEP, DPS, NAACP, Head Start Programs, HH=HK, LFS, CLEARCorps / Detroit	December 2004 and annually	\$500 database fees (database of medical providers & churches).	Approx. # of individuals in each target audience known to assist in providing education and outreach activities.	Monitor the number of individuals in each target audience annually.
Identify education message for each target audience and translate for necessary ethnic groups.	DCLPP&CP, LEAP, DPS, WSU/COEP, MDCH/CLPPP, HH=HK, AIHFS, CLEARCorps / Detroit, ACC, LFS	Short term and ongoing	\$4,000 (copies for different ethnic groups); cost includes fees for printing and translation.	Lead information is consistent and appropriate for each target audience and ethnic group.	Pilot the education messages with each target audience and ethnic group.
Identify existing materials and develop additional materials for the target audiences such as posters, fliers, pamphlets, PowerPoint slide shows, fact sheets, websites, data books, and videos.	DCLPP&CP, DLP, LEAP Detroit, DHC, DWEJ, CLPPPs, LFS, WSU/COEP, DPS MDCH/CLPPP, CLEARCorps / Detroit, HH=HK	Short term and ongoing	\$60,000 to reproduce materials, posters, video & website development.	Educational materials available to enhance the lead message.	Monitor the type and number of requests for materials and presentations, and monitor the number of materials disseminated.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Develop a lead information resource of available lead information and assure broad access with resources such as EPA, CDC, HUD, local and state and health departments, and universities.	DCLPP&CP, MDCH/CLPPP, CLPPPs, CDC, EPA, HUD, WSU/COEP, CLEARCorps / Detroit, HH=HK	Short term and ongoing	\$10,000 annually to stock and replenish material.	Increased accessibility of comprehensive lead materials from various sources.	Monitor the number of requests for literature and track the amount of literature ordered and disseminated.
Develop a comprehensive media campaign for a broad audience through the use of television, newspaper, billboards, bus boards, PSAs, and radio.	DCLPP&CP, DLP, LEAP Detroit, DWEJ, CLPPPs, WSU/COEP, DPS, MDCH/CLPPP, CLEARCorps / Detroit, HH=HK	Mid term	\$100,000	A broader audience reached.	Monitor the number of media productions.
Provide lead presentations for students in academia about the effects of lead on the child's growth and development.	DCLPP&CP, MDCH/CLPPP, DPS, WSU/COEP	Short term and ongoing	\$1,000 printing and mileage	Future professionals knowledgeable about lead.	Monitor the number of presentations to developing professionals.
Develop a speaker's bureau with representation from the Hispanic, Arabic, Muslim, and American Indian Communities	DCLPP&CP, MDCH/CLPPP, ACC, LFS, BADR, AIHFS	Mid term	\$4,000 for equipment and printed materials	Increased lead awareness among Detroit's ethnic communities.	Monitor the number of speakers presentations and literature distributed.
Develop new and innovative outreach strategies to address primary and secondary lead sources.	DCLPP&CP, LEAP Detroit, DWEJ, MDCH/CLPPP, PDD, 4Cs, DHC, WSU/COEP, DPS, CLEARCorps / Detroit, HH=HK	Short term and ongoing	\$25,000 annually for printed materials, staff, and incentives	Reaching the hard-to-reach.	Monitor the number of new outreach strategies developed.
Include lead poisoning testing information in training for foster parents.	MDCH/CLPPP, CHM, Wayne County FIA	Short term	\$10,000 copy and dissemination of Universal Testing Policy and lead information.	Foster Care parents have increased awareness of lead testing.	Monitor the number of children tested and case management of lead poisoned children tested while in foster care.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate physicians and health care professionals about the importance of lead testing in general and testing at appropriate intervals.	DCLPP&CP, CHM, WSU/COEP, HMOs	Short term and ongoing	\$3,000 for printed materials and equipment maintenance.	Increased lead testing among physicians and health care professionals at appropriate intervals.	Monitor the number of physicians and health care professionals who test children at appropriate intervals.
Educate the Wayne County FIA district managers on childhood lead poisoning.	DCLPP&CP, MDCH/CLPPP	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse.	Increased lead knowledge among service workers serving the community.	Monitor the number of presentations and the number of attendees.
Educate WIC, Head Start, day-care and DPS staff on an overview of childhood lead poisoning.	DCLPP&CP	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the lead information resource.	Increased testing at WIC, Head Start, day-care, and DPS sites.	Monitor the number of sites that test children for lead and the number of children tested.
Establish partnerships with the local media (Detroit News, Detroit Free Press, radio and television) to sustain increased public awareness of lead issues.	DCLPP&CP, NAACP, LEAP Detroit, DHC, CLEARCorps, MDCH/CLPPP, PDD, HH=HK, DLP, WSU/COEP	Short term and ongoing	no cost	Increased public awareness on the importance of lead testing, interim controls, abatement, and enforcement.	Monitor the partnerships created and media activities.

Objective 2: Provide education on landlords’ legal responsibilities and tenants’ rights to individuals either residing in or who own homes in which lead hazards are identified by June 2005.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate the public about the EPA 1018 Disclosure Rule to landlords, homeowners, Section 8 recipients, sellers and renters.	DCLPP&CP, DWEJ, HH=HK, LADA, WSU, DHC, LEAP Detroit, CLEARCorps / Detroit, MSHDA	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse.	Targeted audiences are educated about 1018 Disclosure Rule.	Monitor the number of 1018 Disclosure information flyers disseminated.
Educate tenants on their responsibility to control and eliminate lead hazards via cleaning techniques and interim control measures.	DCLPP&CP, HH=HK, DWEJ CLEARCorps / Detroit, DHC, LFS	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse.	Immediate lead reduction skills acquired among tenants.	Monitor the number of tenants receiving lead-reduction education.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate landlords on tenant rights and their responsibility to control and prevent childhood lead poisoning.	DCLPP&CP, LADA, LFS CLEARCorps /Detroit, HH=HK	Short term and ongoing	The printed material fee has already been assessed.	Increased landlord knowledge of tenant rights with regard to lead poisoning.	Monitor the number of landlords educated about lead reduction.
Educate tenants on how to access the Registry listing of lead-safe housing.	DCLPP&CP, WSU/CUS, LFS, MDCH/CLPPP LEAP Detroit, CLEARCorps /Detroit, HH=HK	Mid term and ongoing	The printed material fee has already been assessed.	Tenants aware of lead-safe housing.	Monitor the number of tenants who report utilizing the Registry and find housing.
Educate landlords on the property maintenance code and abatement resources.	DCLPP&CP, BSE, LEAP Detroit, LADA, LFS	July 2005 and ongoing	The printed material fee has already been assessed.	Property maintained by landlords.	Monitor the number of homeowners and landlords participating in the education sessions.

Objective 3: By June 2005, provide education on remediation / abatement resources to 90% of parents of identified lead poisoned children.

Activities	Responsible Partners	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate parents of identified lead poisoned children on how to link with and qualify for remediation / abatement services and resources.	DCLPP&CP, NCH, LEAP Detroit, LFS, BSE, PDD, DWEJ, 4Cs, HH=HK; CLEARCorps / Detroit	July 2005 and ongoing	The printed material fee has already been assessed	Parents of identified lead poisoned children are aware of abatement / remediation services and resources.	Monitor the number of families with lead poisoned children educated about remediation / abatement resources.

Objective 4: By June 2005, provide two lead-safe work practices workshops annually for individuals doing repairs, renovation and remodeling, including contractors, homeowners, window replacement companies, and community handy persons.

Activities	Responsible Partners	Time Frame *	Cost	Impact (outcome)	Evaluation
Plan, schedule, and conduct regularly scheduled Train the Trainer education sessions to address lead-safe work practices	DCLPP&CP, MSHDA, MDEQ MDCH/CLPPP, DHC LEAP Detroit, PDD	July 2005 and ongoing	\$15,000 for materials.	Broaden trained workforce to address lead-safe work practices in the community.	Monitor the number of trained persons and the number of education sessions.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

COMPONENT 2: UNIVERSAL AND TARGETED TESTING

Goal 1: To increase the percentage of children tested annually by 5% (baseline 35% - 2003).

Objective 1: By June 30, 2005, 90% of the identified medical providers serving Detroit's children less than six years old will receive the Universal Testing Policy.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Review and revise the Universal Testing Policy as needed.	DCLPP&CP, MDCH/CLPPP	April 2005	\$2,000 for printing.	Universal Testing Policy updated.	Publish revised Universal Testing Policy.
Continue to disseminate the Universal Testing Policy to newly identified medical providers.	DCLPP&CP, DLP, MDCH/CLPPP	July 2005 and ongoing	\$1,000 for mass mailing.	Universal Testing Policy available to medical and non-medical providers.	Calculate the number of returned, undelivered Universal Testing Policy information packets to document receipt and compare the number of newly identified providers with the number of providers in the database.
Continue to update the database of medical providers serving children under the age of six in the Medicaid database.	MDCH/CLPPP	July 2005 and ongoing	Cost included for surveillance activities.	A complete and current database of medical providers established.	Medical provider database sent electronically quarterly to the DCLPP&CP.

Objective 2: By June 30, 2005, 100% of the Health Maintenance Organizations (HMOs) serving children residing in Detroit will increase their testing rates.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Partner with the HMOs to explore strategies to increase testing among their enrollees.	DCLPP&CP, MDCH/CLPPP, HMOs	Quarterly, beginning July 2004	No cost	Implement strategies to increase testing among HMOs.	Monitor the number of new strategies to increase testing.
Convene a meeting to establish a mutually agreed upon method of measuring testing rates among HMO providers.	DCLPP&CP, MDCH/CLPPP, HMOs	December 2004	No cost	A mutually agreed upon method of measuring testing among HMO providers.	Compile the meeting materials (attendance sheets and meeting minutes) and monitor the established methods developed to measure testing rates among HMO providers.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Goal 2: Target lead testing to high-risk populations (Medicaid-enrolled children, children 0-3 years of age, and racial and ethnic groups) living in Detroit.

Objective 1: By June 30, 2007, increase lead testing from 40.3% to 80% of Medicaid-enrolled children.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Compare the Medicaid database with STELLAR database to identify Medicaid-enrolled children under age 6 who have not been tested.	DCLPP&CP, MDCH/CLPPP	Quarterly, beginning September 2004	No cost	Identify percentage of Medicaid-enrolled children not tested.	Generate list of Medicaid-enrolled children under the age of six not tested.
Utilize surveillance software to map Medicaid children not tested by census tract.	DCLPP&CP	Quarterly, beginning September 2004	No cost	Medicaid population not tested under the age of six will be spatially mapped.	Compare quarterly testing data in STELLAR with quarterly data from the previous year.
Offer testing in child care facilities, preschools, WIC clinics, Immunization clinics, and primary care sites that service Medicaid-enrolled children.	DCLPP&CP, CHM MDCH/CLPPP, LFS	Short term and ongoing	\$10,000 staff time for testing.	Increase testing of Medicaid-enrolled children.	Monitor the number of Medicaid-enrolled children tested.

Objective 2: By June 30, 2010, increase lead testing of children 0-3 years of age 6% annually (baseline 48% 2003 MDCH Calendar year data).

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Build partnerships with existing Maternal Child Health programs (Healthy Start, MSS, Nurse Family Partnership, Early On, Infant Mortality Project & Children Special Health Care Services) to identify children 0-3 not tested for lead and coordinate testing.	DCLPP&CP, LFS, MDCH/CLPPP, CHM	July 2004 and ongoing	\$10,000 cross training.	Increase testing in 0-3 targeted group.	Compare quarterly testing data in STELLAR with previous year's quarterly data.
Conduct lead testing at immunization clinics.	DCLPP&CP, HMOs	August 2004	See cost for testing supplies.	Increase testing in 0-3 year olds.	Monitor the number of children tested in the 0-3 age range during immunization clinics.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue lead testing in childcare centers and Detroit Public Schools Preschools.	DCLPP&CP, DPS, CHM	July 2004 and ongoing	See cost for testing supplies.	Increase testing in 0-3 year olds.	Monitor the number of children tested in the 0-3 age range at child-care centers.
Continue to partner with faith-based organizations to provide lead testing on site.	DCLPP&CP, MDCH/CLPPP, CHM, FBOs	July 2004 and ongoing	\$3,000 for participant incentives.	Increase testing of 0-3 year olds.	Monitor the number of children tested through faith-based organizations testing initiative.

Objective 3: By June 30, 2010, increase lead testing in racial and ethnic groups (Arabic, Muslim, Hispanic, and American Indian) by 3.2% annually (baseline - 9% 2003 STELLAR database).

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Enhance partnerships with existing community agencies to test children in the Hispanic, Arabic, Muslim, and North American Indian communities, etc.	ACC, CHASS, AIHFS, BADR, LEAP Detroit, LFS	July 2004 and ongoing	\$5,000 translation for testing & follow-up.	Increased testing in racial/ethnic groups.	Monitor the number of children tested by racial and ethnic group.
Report testing data to community leaders.	DCLPP&CP, MDCH/CLPPP	September and ongoing	No cost	Increased testing in racial/ethnic groups.	Monitor the number of reports sent to community leaders.

COMPONENT 3: PRIMARY PREVENTION

Goal 1: Prevent lead exposure in children residing in Detroit.

Objective 1: By June 30, 2005, expand primary prevention activities from 100 to 200 pregnant women and 300 (baseline of 200) children with EBL < 10 µg/dL in the City of Detroit.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue to recruit pregnant women and non-lead poisoned children under the age of six from existing Maternal Child Health programs and community-based organizations interfacing with families.	DCLPP&CP, CBOs, MCH programs, LFS	July 2004 and ongoing	Total = \$47,250 \$30,000 to hire outreach staff \$6,000 for Target gift cards \$11,250 for buckets of cleaning supplies.	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and non-lead poisoned children recruited as a result of this collaboration.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Collaborate with family service workers from Head Start programs to recruit pregnant women and non-lead poisoned children under the age of six.	DCLPP&CP, Head Start programs	July 2004 and ongoing	The cost is included in the cost listed for the first activity.	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and non-lead poisoned children recruited as a result of this collaboration.
Collaborate with HMOs to identify pregnant women and women who have recently delivered.	DCLPP&CP, HMOs, hospitals	August 2004 and ongoing	This cost is included in the cost listed for the first activity.	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and newborns recruited as a result of this collaboration.
Administer the lead knowledge pre- and post-tests and provide extensive lead-reduction education in the homes of pregnant women and families with non-lead poisoned children.	DCLPP&CP, CHASS, ACC, CBOs, HH=HK, CLEARCorps / Detroit	July 2004 and ongoing	\$5,000 for lead literature.	Increased awareness of lead hazards, importance of lead testing and primary prevention activities.	Compile and analyze the results of pre and post knowledge tests to identify lead knowledge gained and gaps.
Collect dust samples before and after the super cleaning demonstration from possible high-risk areas in homes.	DCLPP&CP	July 2004 and ongoing	\$500 for ghost wipes (1000/pk) for clearance sampling.	An established lead dust load baseline for a point of comparison.	Analyze and compile dust wipe samples and results.
Demonstrate cleaning interventions (super cleaning method and HEPA-Vacuum use) as an immediate and temporary measure to lower lead risks.	DCLPP&CP	Short term	No cost	Increased awareness of immediate and temporary lead hazard reduction techniques.	Monitor the environmental lead report for a reduction in lead dust hazards after the super cleaning demonstration.
Coordinate and monitor the HEPA-Vacuum Loan program.	DCLPP&CP	July 2004 and ongoing	\$2,500 for maintenance fees and replacement filters.	A reduction in residential lead hazards.	Monitor the number of primary prevention program participants who borrow the

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Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Partner with community-based organizations to conduct educational outreach and temporary hazard controls in Detroit neighborhoods in which they currently work.	DCLPP&CP, DWEJ, LEAP Detroit, LFS, HH=HK, DLP	July 2004 and ongoing	\$10,000 for dust sampling analysis.	Increased workers in neighborhoods.	Monitor the number of home visits conducted, education sessions and outreach activities in Detroit neighborhoods.

Objective 2: By June 30, 2005, educate 95% of participating homeowners and landlords to identify and reduce lead hazards and implement control techniques to prevent lead exposure to children.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Send primary prevention program property owners a packet of information including the dust sample results, lead hazard reduction guidelines, lead prevention and control workshops, and safe-work practices trainings.	DCLPP&CP	July 2004 and ongoing	\$2,500 for duplication services, toner and Xerox machine maintenance fees.	Increased knowledge of residential lead hazards and methods to reduce these hazards.	Monitor the number of information packets mailed to property owners.
Refer property owners to partners engaged in lead hazard reduction and lead abatement.	DCLPP&CP, DHC, P&DD, HH=HK; CLEARCorps/ Detroit, LEAP Detroit	July 2004 and ongoing	The cost is included in the \$30,000 for additional outreach staff.	Increased number of lead-safe units.	Monitor the number of property owners referred and the number of homes abated.
Conduct lead prevention and control workshops demonstrating immediate hazard control techniques for property owners, tenants, and other audiences.	DCLPP&CP, PDD, DHC, BSE, LEAP, HH=HK, CLEARCorps / Detroit	Quarterly, beginning July 2004	\$10,000 for supplies, materials and location.	Increased effort to maintain a lead-safe standard in housing.	Monitor the number of workshops and attendees.
Collaborate with the Education and Outreach subcommittee to link primary prevention program property owners and tenants with lead-safe work practices training.	DCLPP&CP, BSE, MDCH/CLPPP	July 2004 and ongoing	The cost is included in the \$10,000 for supplies, materials and location.	Increased efforts to maintain a lead-safe standard in housing.	Monitor the number of primary prevention program property owner and tenant referrals and those in attendance.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

COMPONENT 4: HOUSING

Goal 1: Create lead-safe housing in Detroit by 2010.

Objective 1: By June 2005, we will establish a baseline of lead safe pre-1978 housing.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Establish a reporting mechanism for gathering data regarding homes that have been remediated, abated and cleared.	Steering committee	December 2004 and ongoing	No cost	An established mechanism for tracking lead-safe housing.	Monitor the number of homes that have been remediated, abated, and cleared.
Share pre-1978 lead-safe housing data with the elimination steering committee.	DCLPP&CP, PDD, DHC, LEAP Detroit, DWEJ, CLEARCorps / Detroit, HH=HK	November 2004 and ongoing	No cost	A shared knowledge of housing activities.	Quarterly report compiled.

Objective 2: Increase the number of abated homes annually.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Increase public awareness of abatement resources (town hall meetings, churches, and community-based organizations).	DCLPP&CP, PDD, DHC, MDCH/CLPPP, NPCs	Short term	\$1,000 location and printed materials.	Public aware of abatement resources.	Monitor the number of interested contacts as a result of the outreach efforts at town hall meetings, churches, etc.
Assist with the completion of abatement applications.	DHC, LEAP Detroit, PDD	Short term	\$35,000 to hire an intake coordinator.	Increased completed applications.	Compare the number of completed applications returned to the number of applications disseminated.
Utilize surveillance data to target the neighborhoods with the highest number of EBLL children.	DCLPP&CP	August 2004 and ongoing	\$1,500 for software and printing of the data book.	Areas with the highest number of EBLL children identified.	Review maps that identify the areas with the highest number of EBLL children.
Disseminate literature in targeted neighborhoods via a door-to-door campaign effort.	DCLPP&CP, DHC, PDD, LEAP Detroit, HH=HK, CLEARCorps / Detroit	Short term	\$3,000 GIS surveillance data, \$50,000 door-to-door campaign.	Resources are allocated in the neighborhoods with the greatest need.	Monitor the number of pieces of lead literature distributed.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify pre-1978 lead hazardous homes that have poisoned 2 or more unrelated children in high-risk neighborhoods utilizing the GIS software.	DCLPP&CP	Short term	No cost	Pre-1978 lead hazardous homes are identified.	Monitor the STELLAR database biannually for new addresses that poison multiple unrelated children.
Notify landlords and property owners via certified letters of new, unrelated lead poisoned children as a result of unabated homes and assist them with developing a plan to make the home lead-safe.	DCLPP&CP, LEAP Detroit, DHC, MDCH/CLPPP	Short term	\$500 for outreach to notify landlords.	Landlords and property owners will be informed of lead hazards in their homes.	Compare the number of landlords and property owners notified with those that respond to the letter.
Disseminate lead abatement applications.	P&DD, DWEJ, DHC LEAP Detroit, NCHs	July 2004 and ongoing	\$1,000 for printing	Increased availability for lead abatement applications.	Compare the number of applications disseminated with the number of applications returned completed.
Link abatement to the Weatherization and Energy Saving Programs (i.e. gutters, roofs, garages) through a referral process.	DHC, P&DD, LEAP, WESPs	Short term	No cost	Increase the amount of resources for abatement	Monitor the number of homes referred to the Weatherization and Energy-Saving programs.
Refer non-lead housing violations supported by digital imaging to Buildings and Safety Engineering or Community Industrial Hygiene for resolution.	DCLPP&CP	July 2004 and ongoing	No cost	Non-lead housing violations referred appropriately.	Monitor the number of referrals to other City departments for housing violations.
Identify available resources for relocation of families during the abatement process.	DHC, PDD, LEAP Detroit, 4Cs	July 2004 and ongoing	No cost	Identified resources.	Monitor the number of new resources identified.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

Objective 3: Increase the awareness of lead-safe homes in the City of Detroit.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Promote the utilization of the Housing Registry to identify lead-safe housing.	DCLPP&CP, LEAP Detroit, HH=HK, MDCH/CLPPP, 4Cs, CLEARCorps / Detroit	Short term	\$60,000 create Registry	Increase the number of lead-safe housing units available.	Monitor the number of contacts to the Registry to determine an increase or decrease in usage on a quarterly basis.
Recommendations will be made to Detroit City Council Subcommittee on Dangerous Buildings to refer property owners for lead abatement assistance and provide lead safe work practices and lead disclosure rule information.	DCLPP&CP, DCC, PDD, DHC	January 2005	\$5,000 education materials	Property owners aware of the 1018 disclosure law.	Monitor the amount of literature distributed regarding abatement, lead-safe work practices, and federal disclosure requirements.
Recommendations will be made to BSE to monitor rental property that has been previously identified with uncorrected lead hazards.	DCLPP&CP, BSE, Steering Committee	September 2004	No cost	Increased awareness among City departments of unsafe homes.	Recommendations compiled and submitted to BSE.

Objective 4: Increase the number of interim controls completed within 30 days

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify homes that would benefit from interim controls and refer for service.	DCLPP&CP, HH=HK, CLEARCorps / Detroit, 4Cs, DPS, Head Start Programs	July 2004 and ongoing	No cost	Reduced lead hazard exposure in homes through interim control measures.	Monitor the number of referrals and completed interim control activities.
Disseminate surveillance data to nonprofit housing organizations to identify potential homes in need of interim control services.	DCLPP&CP	October 2004 and ongoing	\$5,000 for printed materials and postage.	Increased homeowners' awareness of interim control services.	Monitor the surveillance data disseminated.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

COMPONENT 5: LEGISLATION AND CODE ENFORCEMENT

Goal 1: Enhance legislation regarding the control of environmental lead hazards and the lead code enforcement in the City of Detroit

Objective 1: By June 30, 2006, revise section 24-10 of the City Ordinance.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Develop recommendations to amend the ordinance to mandate training for non-compliant owner occupants and all rental property owners.	DCLPP&CP, Steering Committee, WSU/CUS, DLD	Mid term	No cost	Completed recommendations.	Compiled recommendations submitted for Council approval.
Develop recommendations to amend the ordinance to use blight violation and / or more aggressive civil infractions and civil monetary penalties per Public Act 316 of P.A. 2003 as the primary enforcement tool.	DCLPP&CP, DCC, DMO, WSU/CUS, DLD	Mid term	No cost	Strengthened code enforcement to reduce lead hazards in homes.	Monitor the number of recommendations submitted for Council approval.
Inform and reinforce rental property owners' responsibility to register their properties with the City of Detroit.	DCLPP&CP, BSE, WSU/CUS	August 2004 and ongoing	\$1,000 for printed materials.	Improved quality of rental properties for low-income families.	Monitor the number of rental property owners who receive rental property information.
Explore the feasibility of linking BSE Rental Registry with appropriate proposed lead-safe Housing Registry.	DCLPP&CP, MDCH/CLPPP, BSE, LEAP Detroit, DCC, WSU/CUS	Short term	No cost	Feasibility of linkage between BSE Rental Registry and lead-safe Housing Registry determined.	Monitor the progress toward establishing the linkage.

Objective 2: By June 30, 2005, improve enforcement of section 24-10 of the City Ordinance until revisions are made.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Increase the number of lead inspectors to address timely inspections, lead hazard reduction demonstration, and code enforcement activities.	DCLPP&CP	Mid term	\$35,000 per inspector (salary & 30% fringe).	Increased lead inspection workforce.	Monitor the increase in the number of inspectors.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Activate a Lead Enforcement Quick Action Team pilot project to promote appropriate housing treatment and code enforcement.	DCLPP&CP, MDCH/CLPPP, PDD, DHC, BSE	Short term	\$5,000 public education.	Provide seamless linkage with abatement resources/agencies.	Monitor the number of homes brought into compliance and receiving housing treatment.
Review and strengthen the administrative hearing and court process to assure timely and appropriate enforcement.	DCLPP&CP, Administrative Hearings Officer	Short term	\$3,000 public education	Timely enforcement.	Monitor the effectiveness of the hearing and court processes.
Explore the feasibility of developing a Lead Hazard Monitoring System to track lead hazard control in homes previously identified with lead violations, and include in the revised ordinance.	DCLPP&CP, DHC PDD, BSE, WSU/CUS, LEAP Detroit	Short term	No cost	Revised ordinance includes a monitoring system for houses with repeat lead violations.	Revised ordinance will include the monitoring system for houses with repeat lead violations.

Objective 3: By June 30, 2005, advocate for Local and State legislation governing lead abatement, enforcement, and testing

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Explore the feasibility of developing a property owners' council to educate property owners and tenants to advocate for legislation governing lead laws and activities.	DCLPP&CP, LEAP Detroit, WSU/CUS, 4Cs, BSE, DWEJ, DLP	October 2004 and ongoing	\$500 printed materials and postage	Council established to participate in the legislative decision-making process.	Monitor the progress of the development of the council
Support house bills to develop and maintain a mandatory housing register for pre-1978 rental properties.	DCLPP&CP, HH=HK, MDCH/CLPPP, DLP, CLEARCorps / Detroit, DCC, DMO, LEAP Detroit, WSU/CUS	July 2004 and ongoing	No cost	Legislation supports lead-safe housing.	Monitor the progress of the passing of the House bill.
Support House bills that provide incentives for property owners to abate lead hazards before children are poisoned	DCLPP&CP, MALPH, LEAP Detroit, DLP, WSU/CUS	July 2004 and ongoing	No cost	Legislation to improve abatement.	Monitor the progress of the passing of the House bill.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Support regulations requiring all professional / non-professional renovators to use lead-safe work practices in pre-1978 housing.	DCLPP&CP, DLP, MDCH/CLPPP, WSU/CUS	July 2004 and ongoing	No cost	Compliance with State and local regulations.	Monitor activities related to supporting regulations of lead-safe work practices.
Support regulations that address environments where children spend their time.	DCLPP&CP, DLP MDCH/CLPPP, LEAP Detroit, WSU/CUS	July 2004 and ongoing	No cost	Compliance with State and local regulations.	Monitor the status of regulations that address environments where children spend their time.

COMPONENT 6: FUNDING AND RESOURCE ENHANCEMENT

Goal 1: To acquire funding and resources to eliminate childhood lead poisoning.

Objective 1: Secure resources to adequately fund/support lead poisoning prevention, mediation and treatment interventions.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue to acquire federal funding (CDC, EPA, & HUD) for lead-poisoning activities.	DCLPP&CP, LEAP Detroit, DHC, DMO	August 2004 and ongoing	No cost	Sustained federal funding.	Monitor federal funds secured for lead elimination activities.
Identify new sources of sustainable funding, including fees and fines.	DCLPP&CP, DHC DMO, DLP, LEAP Detroit	January 2005	No cost	Alternative sources of funding secured.	Monitor new sources of sustainable funding.
Bill for Medicaid reimbursement for lead services.	DCLPP&CP	July 2004 and ongoing	No cost	Increased revenues.	Monitor revenues generated from Medicaid lead services quarterly.
Raise private and foundation dollars for short-term demonstration efforts.	DMO, WSU/CUS DCC, CPC, LEAP Detroit, DHC	July 2004 and ongoing	No cost	Private and corporate donations secured.	Monitor private / foundation dollars secured.
Promote an increase in funding available for home repair loans and abatement from MSHDA.	DCLPP&CP, DCC, DMO, DLP, LEAP Detroit, HH=HK, CLEARCorps / Detroit	September 2004 and ongoing	No cost	Increase in funding to assist with housing treatment.	Monitor the appropriation of funds for home abatement and repair from MSHDA.

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‡ For responsible partners acronyms, refer to Appendix A on page 39.

Objective 2: Assure that mechanisms are in place to acquire funding for lead activities.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Coordinate City of Detroit departmental efforts to seek funding.	DMO, DCC	Short term and ongoing	No cost	Consistent collaborative funding for lead.	Monitor the number of department efforts to acquire funding.

Objective 3: Create a repository for monies raised, i.e. fees, fines, etc.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Support the creation of a State of Michigan Public Health Trust (PHT) to include lead funding.	DCLPP&CP, DLP, WSU/CUS, MDCH/CLPPP, LEAP Detroit	January 2005 and ongoing	No cost	A sustainable source of lead funding.	Monitor the PHT development process.

*Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009
‡ For responsible partners acronyms, refer to Appendix A on page 39.

Appendix A – Strategic Lead Elimination Partners & Department/Agency Acronyms

American Indian Health and Family Services*	AIHFS	Faith-Based Organizations*	FBOs
Arab-American and Chaldean Council*	ACC	Greater Detroit Area Health Council	GDAHC
BADR for Development and Relief*	BADR	Head Start Programs*	—
Bagley Housing Association*	BHA	Health Maintenance Organization*	HMO
Building and Safety Engineering.	BSE	Healthy Homes=Healthy Kids*	HH=HH
Centers for Disease Control and Prevention*	CDC	Latino Family Services*	LFS
Child Care Coordinating Council*	4C’s	Lead Elimination Action Program Detroit*	LEAP Detroit
Childhood Lead Poisoning Prevention Programs	CLPPP	Legal Aid & Defenders Association*	LADA
Children’s Hospital of Michigan*	CHM	Maternal Child Health	MCH
City Connect	CC	Michigan Association for Local Public Health	MALPH
City Planning Commission*	CPC	Michigan Department of Community Health*	MDCH
Community-Based Organizations.	CBOs	Michigan Department of Environmental Quality	MDEQ
Community Health & Social Services*.	CHASS	Michigan State Housing Development Association*	MSHDA
Community Lead Education and Reduction Corp.*	CLEARCorp	Midwest Health Plan.	MWHP
Department of Housing & Urban Development	HUD	Molina Health Plan*	MHP
Detroit Childhood Lead Poisoning and Prevention	DCLPP	National Association for the Advancement of Colored People	NAACP
Detroit Childhood Lead Poison Prevention & Control Program	DCLPP&CP	Neighborhood City Hall*	NCH
Detroit City Council*	DCC	Non-profit Corporations.	NPCs
Detroit Community Partnership to Eliminate Lead Poisoning.	DCPELP	North American Indian Health	NAIH
Detroit Dental Health Project*	DDHP	Planning and Development Department*	PDD
Detroit Health and Wellness Promotion	DHWP	Southwest Detroit Housing Corp.*	SWDH
Detroit Hispanic Development Corp.*	DHDC	Total Health Care*	THC
Detroit Housing Commission*.	DHC	United Community Housing Coalition*	UCHC
Detroit Immunization Program*	DIP	Wayne County Family Independence Agency	WCFIA
Detroit Law Department	DLD	Wayne State University Centers for Urban Studies*	WSU/CUS
Detroit Lead Partnership*	DLP	Wayne State University/Community Outreach Education Program*WSU/COEP	
Detroit Mayor’s Office*	DMO	Weatherization & Energy Saving Programs	WESPs
Detroit Public Schools*	DPS	Women Infant and Children*	WIC
Detroiters Working for Environmental Justice*.	DWEJ		
Environmental Protection Agency*.	EPA		

* Strategic lead elimination partners

Appendix B – Universal Testing Policy

Lead: The #1 Environmental Health Hazard to Children. Lead is Found in

Lead-based paint, old auto parts, stained glass, varnishes, shellac, furniture finishers, metal candle wicks (religious candles), imported cosmetics: Kohl, Surma, colored newspaper, lead-glazed pottery and dishes, leaded crystal, keys, old or repainted cribs and toys, dirt, dust, leaded pipes, vinyl mini-blinds, matches, tobacco, ethnic spices, industrial crayons, imported candy, food stored in open cans and imported cans, vegetables grown in lead-contaminated soil, non-FDA-approved calcium supplements

Pediatric Health Care Providers are Required to:

- Provide blood lead level (BLL) tests for all 1-and 2-year old children.
- Provide BLL tests for all children ages 36-72 months who have no record of previous test.
- Provide parents and caregivers information regarding the major sources of lead and preventive measures.
- Give parents and caregivers written documentation of BLL testing and explain the results.
- For children with BLL >10 µg/dL, provide follow-up testing, education, and nutritional counseling.
- Refer immediately all children with venous BLL > 44 µg/dL for complete medical treatment.
- Confirm capillary BLL of 10 µg/dL or greater with a venous specimen.
- Refer each child with a venous BLL of 20 µg/dL or greater to the Detroit Department of Health and Wellness Promotion for environmental investigation.

Non-Medical Services Providers Are Required to:

Ask if all children aged 1 up to 6 years old who present for one-time or walk-in services have been appropriately assessed and tested. If not, the child should be tested or referred for testing. Test results must be reported to the pediatric primary health care provider or the Detroit Department of Health and Wellness Promotion.

Physicians and Health Care Providers: PARTNER WITH PARENTS!

Teach These Lead Poisoning Prevention and Risk Reduction Tips:

Physicians and Health Care Providers: PARTNER WITH PARENTS!
Teach These Lead Poisoning Prevention and Risk Reduction Tips:

- Hygiene** – Wash child’s hands before meals, snacks, and bedtime. Wash toys and pacifiers frequently.
- Nutrition** – Provide children with foods rich in calcium and iron. Provide three nutritional meals and two healthy snacks daily. Feed children lots of fruit, milk, vegetables, yogurt, beans, cheese, fish, and chicken. Limit fried foods.
- Housekeeping** - Minimize house dust by damp mopping surfaces in the home. Use of conventional home vacuum cleaners and brooms spreads lead dust to other areas.
- Hobbies and Work** – If either involves exposure to lead, avoid exposure to children.
- Home Renovation** – If lead paint is present or suspected to be present, don’t start renovation projects without getting the proper training or hiring trained contractors. Call (313) 876-4212 to sign up for a free Detroit Department of Health and Wellness Promotion workshop, or to get information on lead-safe renovation.

Nutrition: A Diet Rich in Calcium and Iron Reduces Lead Absorption

Foods With Calcium:
Milk, Breast Milk, Cheese, Yogurt, Broccoli, Greens (Collard, Turnips, Mustard, Spinach, Kale) Calcium-Fortified Orange Juice

Foods With Iron:
Lean Meat, Poultry, Liver, Molasses, Beans, Nuts, Raisins, Enriched Cereal, Bread, Pasta, Tofu Products (Soy Milk, Burgers, Etc.), Iron Supplements

The Detroit Department of Health and Wellness Promotion
Childhood Lead Poisoning Prevention Program

Herman Kiefer Health Complex
1151 Taylor, Rm. 151B
Detroit, MI 48202

Monday – Friday; 8:30 a.m. – 4 p.m.
(313) 876-4200 or (313) 876-4201

The Detroit Department of Health and Wellness Promotion Universal Blood Lead Testing Policy is based on Michigan State Laws in cooperation with the Centers for Disease Control and Prevention and the Michigan Department of Community Health for health care providers and organizations. The Universal Blood Lead Testing Policy was created to assist in the assessment, testing and management of young children at risk for/exposed to lead. All Medicaid recipients under the age of six should receive a blood test for lead per Medicaid requirements.

For Blood Lead Levels and Required Care See Chart Below

Universal Testing Policy

Venous Blood Lead Level (µg/dL)	Action	Capillary Screening (Follow-up w/venous testing)	
		(µg/dL)	Action
<10	Re-test in 1 year. Provide anticipatory guidance, lead literature, and education.	(µg/dL)	Action
10-14	Re-test every 3 months until lead level is <10 µg/dL. Referral is made to Public Health Nurse for home visit, home assessment, and developmental test, lead education/referrals as needed; Social Worker, Nutritionist, WIC, Early On, Interim control.	10-14 µg/dL	Within 1 month
15-19	Re-test every 2 months until lead level is <10 µg/dL. Follow same actions as above.	15-19 µg/dL	Within 1 month
20-44	Re-test every 1–2 months until lead level is <15 µg/dL. Follow same actions as above, plus home inspection is required.	20-44 µg/dL	Within 1 week
> 45	Re-test every month until lead level is <15 µg/dL. Immediate physician follow-up, chelation therapy, home inspection, and Public Health Nurse referral.	> 45 µg/dL	Within 24 hours

Detroit Department of Health and Wellness Promotion: Childhood Lead Poisoning Prevention and Control Program
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